

**RECEIVED**  
**CENTRAL FAX CENTER****MAR 14 2005****PATENT**  
**PF00434 US****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of	)	
Bradley J. Enegren, et al.	)	Examiner: R. Nasser
Serial No: 10/034,740	)	
Filed: December 27, 2001	)	Art Unit: 3736
For: <u>IMPLANTABLE SENSOR FLUSH SLEEVE</u>	)	

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the December 15, 2004 Office Action for the above-identified application,  
please enter and consider the following amendment and remarks.

I hereby certify that this correspondence is being facsimile transmitted to the  
United States Patent and Trademark Office Fax No. (703) 872-9306:

March 14, 2005	Ajit S. Narang, Reg. No. 55,480
Date of facsimile	Applicant, Assignee, or Registered Rep.

  
Signature

3/14/05  
Date

FORM PTO-1083

PATENT

**RECEIVED**  
**CENTRAL FAX CENTER**  
**MAR 14 2005**

Docket: PF00434 US  
 Date: March 14, 2005

In re the application of: Bradley J. Enegren, et al.  
 Serial No.: 10/034,740  
 Filed: December 27, 2001  
 For: IMPLANTABLE SENSOR FLUSH SLEEVE

I hereby certify that this correspondence is being facsimile transmitted to the  
 United States Patent and Trademark Office Fax No. (703) 872-9306:

March 14, 2005      Ajit S. Narang, Reg. No. 55,480  
 Date of facsimile      Applicant, Assignee, or Registered Rep.

*Ajit S. Narang*  
 Signature      3/14/05  
 Date

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application;

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY			OTHER THAN A SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR EXTRA		PRESENT RATE		ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	15	MINUS	20	=	-0-		x 9 \$		OR	x 18 \$-0-
INDEP CLAIMS	2	MINUS	3	=	-0-		x 39 \$		OR	x 78 \$-0-
[ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+135		\$	OR	+270	\$
							TOTAL \$		OR	TOTAL \$-0-

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0621. A copy of this sheet is enclosed.

- [X] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.  
 [X] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

*Ajit S. Narang*  
 Ajit S. Narang  
 Registration No. 55,480

MEDTRONIC MINIMED, INC.  
 18000 Devonshire Street  
 Northridge, CA 91325-1219  
 Telephone: (818) 576-5003; Facsimile: (818) 576-6202

**Via Facsimile to (703) 872-9306 -- 14 pages including transmittal**